

SAMPLE BUSINESS PROPOSAL

**REQUEST FOR FUNDING
INFORMATION TECHNOLOGY AND SERVICES**

FOR

**RURALTOWN MIGRANT AND COMMUNITY HEALTH CENTER,
INCORPORATED**

June 1999

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SECTION 1

SUMMARY SHEET

Applicant: Ruraltown Migrant and Community Health Center, Incorporated 100 North Main Street Newtown, VA 12345 Tel.: (703) 555-1234 FAX: (703) 555-2345 Email: rmchc@aol.com	Organization Type: Non-profit; FQHC
Organization Director: Ms. Ann Johnson Executive Director Ruraltown Migrant and Community Health Center, Incorporated Tel: (703) 555-1234, extension 214 FAX: (703) 555-2345 Email: rmchc@aol.com	Project Contact: Mark Hastings Director Ruraltown Migrant and Community Health Center, Incorporated Tel: (703) 555-1234, extension 222 FAX: (703) 555-2345 Email: rmchc@aol.com
Project Location: Southern Virginia 13 locations involving 5 counties	Project Objective: To complete the installation and initiate operations of a wide area information systems network for participating members
Grant Category: Non-competitive Information Technologies	Funding Request: One year Total Request: \$200,000

SECTION 2

INTRODUCTION

2.1 History and Demographics

Ruraltown Migrant and Community Health Center (RMCHC) is a not-for-profit multi-agency organization formed in 1992 by a group of safety net providers serving the southern part of Virginia. The current member list includes two FQHC community health centers, two “330 look-alike” health centers, two primary care centers and one reproductive and women's health agency (see **Appendix A**). The member agencies of the network have historically been and remain the predominant providers of care for the indigent, the uninsured, the under-insured, and Medicaid in their communities.

The impetus to form RMCHC arose in response to anticipated changes to the Medicaid program in Southern Virginia. The focus was to prepare the network members for managed care and the changes in the health care industry.

2.2 Funding Profile

Resources for RMCHC are drawn from member dues, in-kind support, a grant from the U.S. Public Health Service and a grant from the State of Virginia.

2.3 Member Services

RMCHC's primary goal is to preserve the members’ mission of serving vulnerable populations and maintain a comprehensive range of health care services needed to assure quality and effective delivery and utilization of health care. Through collaboration, cooperation, and shared expertise, RMCHC strengthens the collective ability to provide comprehensive primary care and peri-natal services to our patients. **Appendix B** lists the current scope of services provided by each member agency.

2.4 Population Served

The members of RMCHC serve culturally diverse populations. Of the several thousand patients currently served, 40 percent are uninsured and about 27 percent are Medicaid patients. The growing ranks of the uninsured, the advancement of managed care, and the demands of the changing health care industry necessitate that all efficiencies and quality improvements are maximized.

2.5 Organizational Profile

RMCHC is governed by a Board of Directors comprised of a director of each member agency. The Board conducts strategic planning and work plan development for the network and oversees the shared services development, financial status of the organization. The Director of RMCHC prioritizes and executes the work plan activities within the available resources. RMCHC staff include individuals with the specific specialized expertise to carry out the selected projects of the work plan associated with the core services of the network including, fiscal, clinical support, information system support, and other functions. When necessary and appropriate, members contribute agency staff to work groups and short-term initiatives of the network. **Appendix C** shows the current RMCHC staffing structure.

2.6 Information Systems

RMCHC is advancing the development of comprehensive, integrated clinical management programs, and managed health care services that are supported by a central management information system (MIS). These programs bring disease management and health maintenance to the uninsured who have no other access to such services. In addition, the programs incorporate a data driven system, which can be monitored and evaluated through automation.

SECTION 3

PROJECT DESCRIPTION

3.1 Overview

RMCHC's fundamental information systems objective is to construct a central, integrated resource for the network members. Over the last four years, RMCHC member agencies adopted standards and selected support software solutions for practice management, finance, and electronic patient medical records. To date, RMCHC has met its original work plan objective and integrated all of these functions across the network in the shared standard environment. RMCHC members agree to the standard and commit to moving its internal operations to the standard. The timing, pace, and prioritization of the network standard within each member agency varies.

RMCHC proposes to further integrate the MIS functions between the member centers and to centralize core business functions. This will bring new cost and process efficiencies, data consistency, and advantages for the network and the clinical care programs. The benefits of this approach include advantages in the procurement of consultation services, the planning and execution of training, the identification and resolution of decisions affecting the entire network membership. Together, the network members are able to achieve in information systems what they cannot afford individually.

RMCHC is poised to implement an inter-agency Wide Area Network (WAN). A concept design, which results in the virtual connection of the network members, has been drafted. It builds upon the existing, but independent concrete systems of each member agency. Three servers at Clinic A will be the base of the computer network. The plan design calls for the members to advance to the next level of integration in this area and to accommodate their internal resources (facilities and equipment and staff) to participate in the trans-agency functions. The existing base makes it a comparatively marginal effort for the RMCHC members to connect into the private network. Our shared systems concept also relies on the correct blend of human capital to administer the various information system functions centrally and at the member sites.

3.2 Implications

To move the network from a shared standard to the central service will require additional support for the following:

- More equipment and software installation is necessary to make certain that “RMCHC central” has the infrastructure and capacity to provide and support the array of essential

business operations and that all of our participant members have the tools necessary to conduct the RMCHC standard programs.

- Also essential to the success of this endeavor is the human resource to synthesize the information system plans, and orchestrate the installation, training and ongoing facilitation of a WAN. RMCHC currently has some part time staff devoted to specific technical and software design activities. These are strong resources for our current needs. But, more of their time and a supplement of skills not found within the RMCHC ranks for the proper activation and administration of the wider network will be needed for this project.

3.3 Benefits to the Network

Our plan is to implement a WAN over a relatively short time period for all RMCHC members to access. The WAN project for RMCHC is at once a necessary separate work plan initiative in its own right and also offers the methodology and solution to advance several other work plan objectives. The full and simultaneous implementation of the electronic medical records across the network, combined with the advantages of available connectivity and communications technology between the centers is key to the complete and timely success of the RMCHC work plan.

The WAN will afford the following advantages to RMCHC:

- Having a solid computer and communications foundation in place will allow and facilitate RMCHC to proceed to the next level of organizational relationship and integration. We are very interested in centralizing certain administrative functions of mutual need, such as patient billing and statement services, equipment and supplies purchasing, provider credentialing, etc.
- The RMCHC system is already set up to be able to interface the practice management system (TCNTM) and the accounting system (Small Mountains) to the Physician Services Practice Analysis (PSPA) software, which may become an industry-wide option.
- RMCHC expects to be involved in shared risk bearing managed care arrangements within the next several months. The WAN is fundamental to the establishment of essential managed care related operations, such as Utilization Management, Quality Management, and Disease Management.
- One very important advantage to the Network is the partial insulation from the Y2K effects for selected operations within our Network agencies by virtue of access to central servers that have already been confirmed to function without disruption.
- RMCHC also expects to realize immediate and sustained efficiencies in inter-agency communications and the distribution of documents through various active and passive electronic communication means.

- The system will minimize information system development costs for individual member agencies because of the shared equipment, group pricing and shared professional resources associated with the WAN. By procuring and installing software licenses and data linkages centrally, tremendous savings will be extended to RMCHC members and the uniform management of the data reference tables, systems administration and software upgrades will be facilitated. Allowing RMCHC members to use existing, less powerful computer equipment and software through the features of Metaframe technology also significantly reduces the infrastructure cost.
- The measurement of clinical outcomes will be greatly enhanced, not only from the simplification of the data management, but more so due to the integrity of the component data and the single access repository of the network data.
- The need for systems and data related staffing would be consolidated as system maintenance will be managed centrally, and data entry will be standardized.

SECTION 4

PROJECT ACTIVITIES AND SCHEDULE

4.1 Equipment and Software Plan

The RMCHC is preparing to implement the WAN for use in the sharing of essential business software applications across agencies. The WAN design is predicated on having a core of central data servers in place to support RMCHC communications, data warehousing, and the production of performance reporting activities. The design uses Windows NT technology. As an initial step of the plan, RMCHC established a connection to its own site of the World Wide Web to anchor the communications and documentation repository.

The proposed information system network will be constructed and introduced in phases over time to coincide with the readiness of each RMCHC member; the complexity of the new function, and the existing level of network integration relationships. RMCHC's underlying objective is to make ready the central component of the WAN, and to support the relevant systems interfaces with the participating members to meet the adopted RMCHC standard for information systems.

Phase I is underway. It calls for a members' only communication vehicle using electronic mail and an Internet link with a Web based reference site. This set up will enable the eventual document storage and retrieval feature. A list serve feature will enable broad timely communication to RMCHC members.

In preparation for the WAN, at this stage, RMCHC will need to convert the designated servers to Windows NT from the current Windows 95 operating system. Decisions regarding centralized hardware and support costs will need to be made by individual RMCHC members based on the design recommendations in the report from the contract systems vendor. Software license needs for RMCHC have been evaluated and procurement of the necessary items will be arranged. Testing of equipment and workflows will need to be assessed, and this has begun in some sites.

In order to assure timely access to trained resources, this phase of WAN development includes a plan to initiate basic computer software navigation and application skills for front line staff involved with the RMCHC related clinical and business applications.

Phase II will develop and install a virtual "pipeline" connection between the member agencies. This is scheduled to begin in mid-1999. RMCHC will install the system using Metaframe technology. It allows the use of inexpensive hardware and other tools, which are not year 2000 compliant, while giving full functionality of the software. Without this technology in place, all

RMCHC members would need servers on site and powerful personal computers for each end-user to achieve the same function.

The structure will be able to convey data from the member agencies to a central holding for incorporation into network wide aggregate reporting. We anticipate that Phase II will be limited to an introductory level data transfer mechanism, whereby RMCHC defined data components are extracted by the member's own staff and forwarded centrally for inclusion in analysis by RMCHC staff. Using data management tools in the Microsoft Office suite, RMCHC will then build aggregate reports. The components already in place, or planned, are compatible with the PSPA software being evaluated at the national level for general use by community health centers.

During this time, introductory and advanced proficiency training for RMCHC agency staff will continue with a focus on the use of specific software for Electronic Medical Record (MagicianTM), practice management (TCNTM), and financial systems (Small Mountains/Dynamo). Simultaneously, staff will be identified for the central systems administration and will be scheduled for appropriate training and skills development (i.e., web site management, etc.)

Phase III will expand the integration of other shared functions through the access to central software to benefit all RMCHC members. Very specialized link software will be necessary to allow communication and data exchange between data servers within RMCHC and between RMCHC and external data sources. For example, a reciprocal data exchange link is planned between TCNTM and MagicianTM software. This two-way software is extremely expensive, at approximately \$22, 000 per single issue. The link is best placed centrally in order to be accessible to all participating member sites. Savings are realized only if all members access the utility and share in its cost and maintenance. The technology to link TCNTM data to MagicianTM data fields has been developed and purchased by RMCHC. This partial, one-way link is already installed on a centrally based server and in active use by one of the member health centers. The software link, which forwards data from the MagicianTM Electronic Medical Records (EMRs) application to the TCNTM application, is anticipated but not yet available. This link is an important part of the efficiency and data integrity equation of the RMCHC information systems plan.

Phase IV of the project will expand the systems capacity to the more sophisticated data interchange features and support other shared office efficiencies and centralized network wide programs. Operations and generic clinical performance data will move to a warehouse situation and will be accessed only by authorized RMCHC central staff for approved report development. As managed care arrangements are secured going forward, a new, separate set

of data tracking programs will be necessary, using the WAN, so as to support referral management utilization assessment and credentialing.

4.2 Personnel Resources Plan

The RMCHC WAN is both an initiative of the RMCHC work plan of its own accord as well as the solution to facilitating the completion of a host of other initiatives on the work plan. In addition to the infrastructure described above, the staffing element for this universal information management system will also be addressed as part of this funding proposal.

RMCHC proposes to provide a resource team of information systems professionals, each with a specific expertise. (See **Appendix D** for a configuration of the proposed staffing.) RMCHC prefers this option to the hiring of a single IS/IM staff person, because of the diversity of the software and hardware components within the RMCHC network and the identified need for complements to existing staff resources.

Given that a strong and experienced staff is already available to RMCHC, RMCHC proposes to balance the IS/IM team by recruiting new personnel with the following skill components: information management, technical writing, software programming, and clinical informatics, etc. In addition to the breadth of skills, the team approach allows RMCHC to have resource depth once the user base of the RMCHC information network is effectively doubled with the activation of the WAN.

RMCHC recognizes the importance of solid leadership in the organization and management of the information system. Information management is a crucial function to business management. RMCHC will staff a new, key management position of Information Officer who will understand, identify the information needs of RMCHC, and correlate the information needs to the strategic business objectives. The Information Officer will participate in strategy development with the RMCHC Board of Directors, oversee the administration of the WAN, and orchestrate the activities of the Information Team.

To accomplish the installation of the WAN in short order and to overcome the varied stages of preparedness of the individual member agencies, RMCHC proposes to develop and implement a training series for RMCHC consultative personnel and for member center staff. The training sessions will be comprehensive in scope regarding the EMR utility. The objective of the training will be to provide the skills to a group of individuals who will be a resource for their centers.

RMCHC intends to bring a vendor trainer to Southern Virginia so that more of the RMCHC staff can benefit from learning about the MagicianTM encounter form maintenance and report writing tools. By conducting the training in our environment, RMCHC can at once include more staff in the training and have the trainer consult to our particular needs.

4.3 Schedule

Part of the project implementation schedule was described in Section 4.1, Equipment and Software Plan. A more detailed business plan and schedule is contained in Appendix E. Other potential impacts on the schedule are outlined below.

- a) Where it is our interest to expedite the access to the EMRs for all sites as soon and as simultaneously as possible, it will be necessary to purchase multi-user packages of software licenses and to conduct initial and ongoing training of the EMR system users. EMR implementation will be more successful when end users are involved in the development process. Therefore, pilot testing of EMR data capture format, sample data collection for systems and performance assessment, report design and development will be incorporated into the network-wide EMR implementation work plan.
- b) Similarly, a comprehensive plan to train users on the interface of the TCNTM software with MagicianTM, how to optimize the use of the features of TCNTM in the context of managed care, and most importantly, how to incorporate performance data capture into daily operations in the RMCHC standard. Through a user group meeting agenda, RMCHC plans to weave the technologically seasoned expertise within some of the RMCHC centers to train and mentor with the technologically less developed member sites.
- c) As plans coalesce to convert the financial and accounting systems to the DynamoTM software, training and implementation oversight will be made available and coordinated through RMCHC.
- d) A reciprocal consultation arrangement with Mercy Health Care Association (MHCA) in South Carolina is under consideration. This organization has an information technology environment similar to our own. RMCHC wishes to learn from the experience of MHCA to provide advanced level consultation to RMCHC regarding the optimal application of the TCN software technology.
- e) In the early phase of this project, RMCHC expects to keep the services of a local Internet Service Provider (ISP) that designed the WAN, to support the Web site and sustain access to expert technical support for approximately one year, until RMCHC's own resources can be developed.

SECTION 5

PROPOSED BUDGET

5.1 Financial Plan

RMCHC requests a sum of \$550,000 for a five-year period, to complete the development and implementation of the wide area computer network described in this application. The project is important to the core integration functions of RMCHC and will proceed in a more timely fashion with the Bureau's support.

This funding request is focused on the necessary personnel, software components of the information system infrastructure and the extensive training necessary to optimize the use of the system features. Other funding sources will offset the budget. The projected budget is presented below:

COSTS	Network	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Clinic G	Clinic H	SITE TOTAL	NETWORK +SITE TOTAL
Hardware	5,000	100	100	100	100	100	100	100	100	800	5,800
Network	5,000	-	-	-	-	-	-	-	-	-	5,000
Site	-	100	100	100	100	100	100	100	100	800	800
Software	400,500	200	300	800	200	200	300	200	200	2,400	402,900
Licenses	400,000	100	100	700	100	100	100	100	100	1,400	401,400
Network Software	500	-	-	-	-	-	-	-	-	-	500
Site Software	-	100	200	100	100	100	200	100	100	1,000	1,000
Telecommunications	200	500	700	700	400	300	400	400	200	3,600	3,800
Network Infrastructure	100	-	-	-	-	-	-	-	-	-	100
Site Infrastructure	-	400	500	600	100	200	300	300	100	2,500	2,500
Network Recurring Costs	100	-	-	-	-	-	-	-	-	-	100
Site Recurring Costs	-	100	200	100	300	100	100	100	100	1,100	1,100
Facilities	4,000	-	-	-	-	-	-	-	-	-	4,000
Network Facilities	4,000	-	-	-	-	-	-	-	-	-	4,000
Staff	110,000	-	2,500	20,000	500	1,000	2,500	2,000	1,000	29,500	139,500
CIO	70,000	-	-	-	-	-	-	-	-	-	70,000
MIS Staff	40,000	-	-	-	-	-	-	-	-	-	40,000
Other Staff	-	-	2,500	20,000	500	1,000	2,500	2,000	1,000	29,500	29,500
Maintenance (Fees Only, No Staff Costs)	150,000	1,000	1,500	2,000	-	-	-	-	-	4,500	154,500
Network	150,000	-	-	-	-	-	-	-	-	-	150,000
Site	-	1,000	1,500	2,000	-	-	-	-	-	4,500	4,500
Training (Fees and Staff Training Time Not Included Above)	2,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	8,000	10,000
Network	2,000	-	-	-	-	-	-	-	-	-	2,000
Site	-	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	8,000	8,000
Sub-Total	671,700	2,800	6,100	24,600	2,200	2,600	4,300	3,700	2,500	48,800	720,500
Number of Users by Site		30	45	91	10	20	45	35	12	288	
Sites Weighted by Number of Users		10.4%	15.6%	31.6%	3.5%	6.9%	15.6%	12.2%	4.2%	100.0%	
Allocated Network Cost	(671,700)	69,969	104,953	212,239	23,323	46,646	104,953	81,630	27,988	671,700	-
Total Costs	-	72,769	111,053	236,839	25,523	49,246	109,253	85,330	30,488	720,500	720,500
REVENUES	Network	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Clinic G	Clinic H	SITE TOTAL	NETWORK +SITE TOTAL
BPHC - Network MIS Grant	200,000	-	-	-	-	-	-	-	-	-	200,000
BPHC - ISDI Grant	100,000	-	-	-	-	-	-	-	-	-	100,000
Kellogg - Network Grant	40,000	-	-	-	-	-	-	-	-	-	40,000
Other Grants	5,000	1,000	-	3,000	1,000	-	-	1,000	1,000	7,000	12,000
Network Reserves	260,000	-	-	-	-	-	-	-	-	-	260,000
Site Contributions	-	-	1,000	1,000	-	-	1,000	-	-	3,000	3,000
Loan - Fed Guarantee	100,000	-	-	4,000	-	-	1,000	-	-	5,000	105,000
Other	14,800	-	-	-	-	-	-	-	-	-	14,800
Sub-Total	719,800	1,000	1,000	8,000	1,000	-	2,000	1,000	1,000	15,000	734,800
Number of Users by Site		30	45	91	10	20	45	35	12	288	
Sites Weighted by Number of Users		10.4%	15.6%	31.6%	3.5%	6.9%	15.6%	12.2%	4.2%	100.0%	
Allocated Network Revenue	(719,800)	74,979	112,469	227,437	24,993	49,986	112,469	87,476	29,992	719,800	-
Total Revenues	-	75,979	113,469	235,437	25,993	49,986	114,469	88,476	30,992	734,800	734,800
Difference (should be greater than or equal to zero)	-	3,210	2,416	(1,402)	470	740	5,216	3,145	504	14,300	14,300

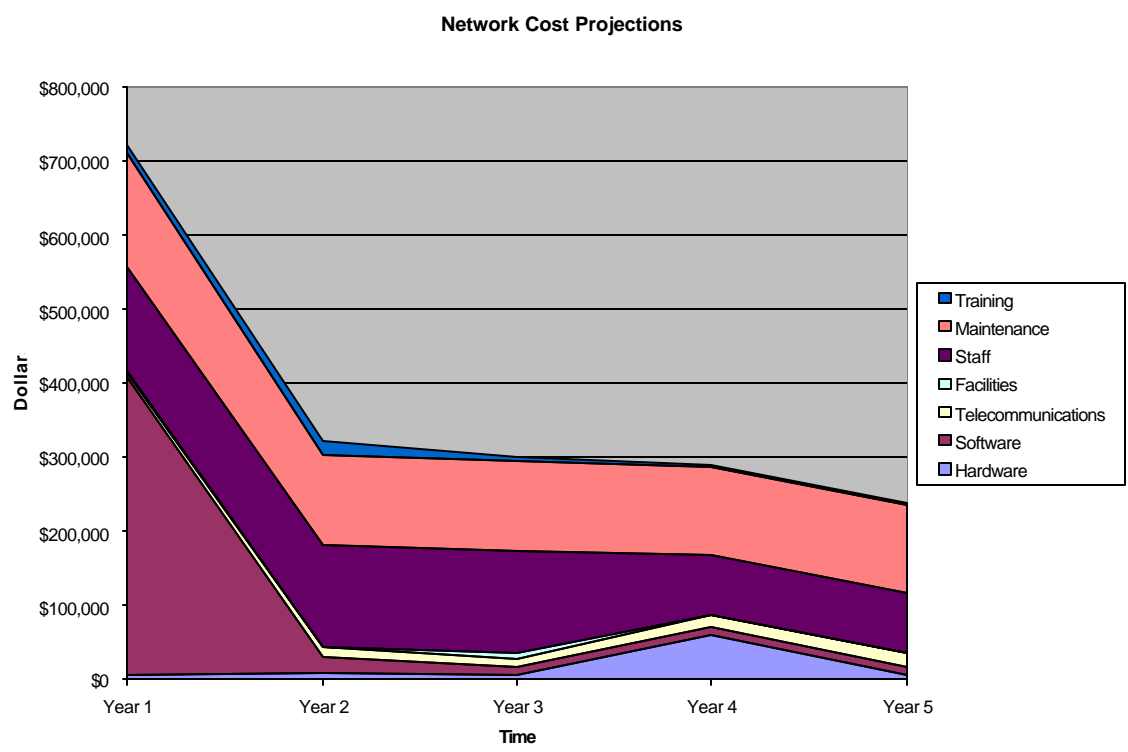
FINANCING PLAN**5 years****Version 5.0**

COSTS	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Hardware	5,800	10,000	,800	60,000	5,800	87,400
Software	402,900	20,000	10,000	10,000	10,000	452,900
Telecommunications	3,800	12,000	12,000	6,000	20,000	63,800
Facilities	4,000	-	6,000	-	-	10,000
Staff	139,500	140,000	140,000	0,000	80,000	579,500
Maintenance	154,500	120,000	120,000	20,000	120,000	634,500
Training	10,000	20,000	5,000	,000	3,000	41,000
Total Costs	720,500	322,000	298,800	89,000	238,800	1,869,100

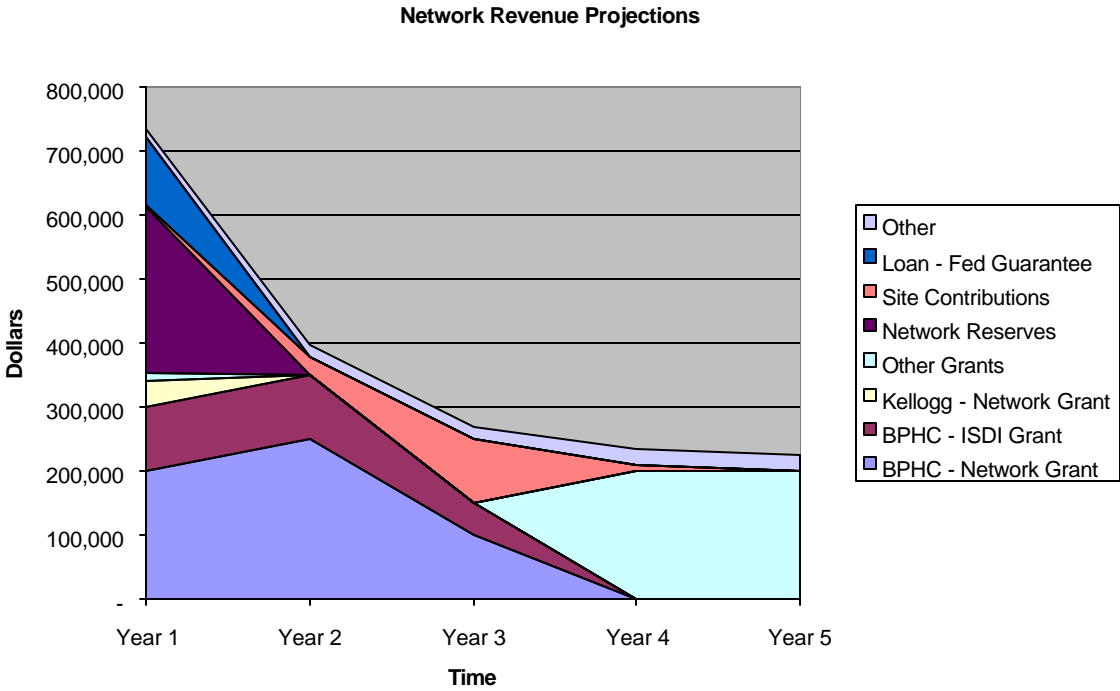
REVENUES	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
BPHC - Network Grant	200,000	250,000	100,000	-	-	550,000
BPHC - ISDI Grant	100,000	100,000	50,000	-	-	250,000
Kellogg - Network Grant	40,000	-	-	-	-	40,000
Other Grants	12,000	-	-	200,000	200,000	412,000
Network Reserves	260,000	-	-	-	-	260,000
Site Contributions	3,000	28,000	100,000	10,600	-	141,600
Loan - Fed Guarantee	105,000	-	-	-	-	105,000
Other	14,800	20,000	20,000	25,000	25,000	104,800
Total Revenues	734,800	398,000	270,000	235,600	225,000	1,863,400

Difference	14,300	76,000	(28,800)	(53,400)	(13,800)	(5,700)
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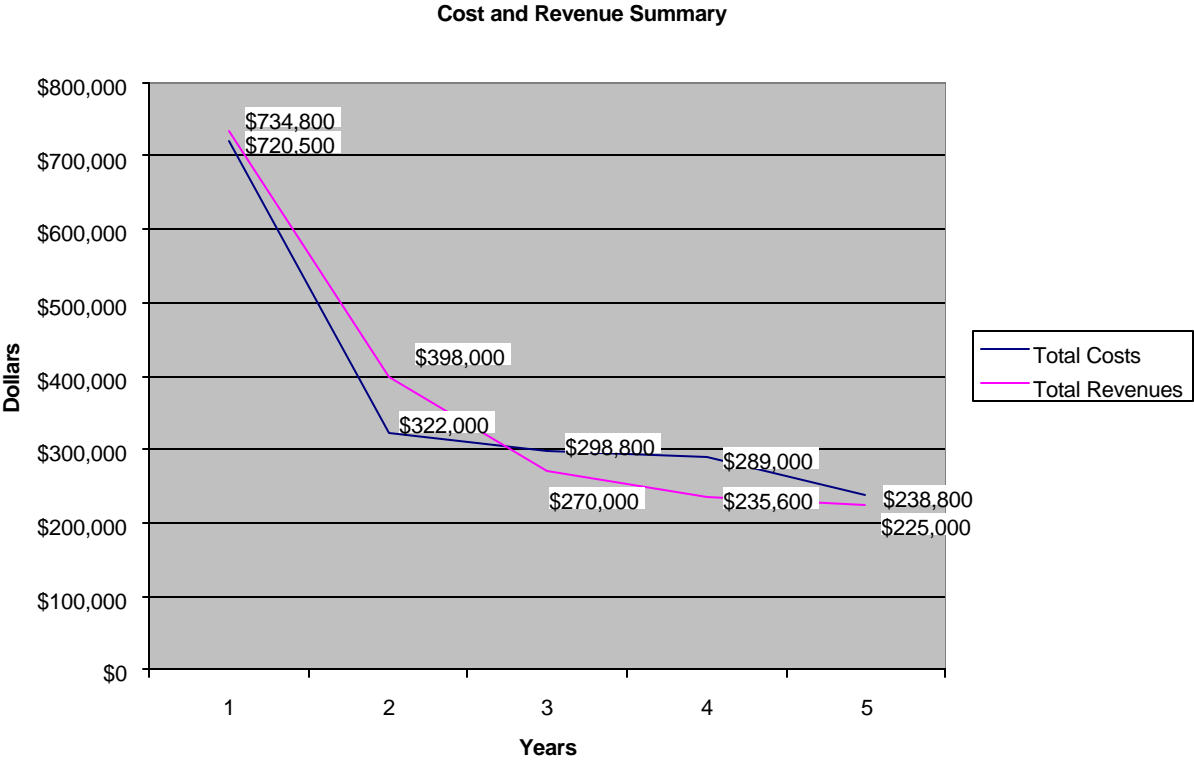
The Network Cost Projection Chart shows... (describe the noticeable spikes and trends in the chart).



The Network Revenue Projection Chart shows...(describe the noticeable spikes and trends in the chart).



The Cost and Revenue Summary Chart shows...(describe the noticeable spikes and trends in the chart).



5.2 Budget Narrative and Assumptions

5.2.1 Hardware

The Magician server will require upgrade or replacement due to the increase in demand from its current use, as more users throughout the network are added. This will require an additional...at a cost of....

5.2.2 Software

- a) Thin client licenses will be necessary for the Server at an approximate cost of....
- b) Magician software is the primary electronic tool to be used to standardize, document and track the care of patients throughout the network. RMCHC will need...licenses to complete the project, at a projected...per license. The licenses are purchased through a group cooperative through a local hospital; effectively reducing the cost of the licenses by 40 percent. The total cost of the licenses for this project is....
- c) The electronic link has been developed for the network, to facilitate integrated data exchange between TCNTM, the practice management system for the network, and the MagicianTM EMR, both currently in use by RMCHC member sites. RMCHC is able to access this link software via the...Family Practice Residency. The cost to access the link software is....
- d) An updated product of Small Mountains financial management software called Dynamo, is available to RMCHC. Installation and software fees will be one time charges of approximately.... Software replacement on the central server will also incur a one time fee for linking the practice management software, TCNTM, to the Dynamo software, for data integration. The proposed cost for this programming and installation a link is....
- e) Anticipating the development of a data warehouse, an interim solution for data transfer from various sources to a central location will involve universal software for data management. A package is expected to cost....
- f) Special software for file storage will need to be procured to support the web based central document repository. FTP file software for the central service to the network members is estimated at....

5.2.3 Telecommunications

Internet access will be required to connect the RMCHC central server computer to the frame relay network. A T1 frame relay circuit is needed to connect RMCHC sites to the central server and the Internet the virtual private network (VPN) cloud. These costs are... per month and ...per year for the...years of the project.

5.2.4 Facilities

There will be no facility upgrades necessary to support this project.

5.2.5 Staff

The personnel structure of the technical component for this project will be approached as a team model. The total dollars for personnel include required and anticipated travel for key staff.

Staff benefits include 70 percent of the employee health insurance, short and long term disability life insurance, 6-8 percent contribution based on the tenure to a 403B plan and federal taxes. The fringe is calculated at 19 percent.

Several consultants will be necessary to execute this project:

Network Consultant: The WAN will need to be maintained by the network installer for at least the first year. The cost to maintain the central system for the total member organization is estimated at... per month for a one year total of....

Software Trainer for EMR management staff on the design and maintenance of electronic record forms and for report writing. This aspect of training is expected to cost approximately \$3000 for professional fees and travel to NH. Additional training will be arranged for the end-user staff of each participating member site regarding the basic functions of the software in order to impart a uniform knowledge base simultaneously throughout the network. This training is expected to cost...for professional fees and accommodations. EMR training is estimated at....

Consultation Services for TCNTM systems enhancement and **training on centralized billing and reporting**. RMCHC will access experienced and more advanced TCNTM software users in the Mid-Atlantic area to facilitate RMCHC's development of this tool. The cost of this management services agreement is anticipated to be approximately....

A consultant will be required to **install NT server** operating system at...and to re-install Magician after migrate to Windows NT environment at..., for a total of.... A need for expanded bandwidth capacity is expected towards the end of year one of the project; after the Magician server is upgraded. The need will coincide with the demand on additional initial systems installations. A one-time expense to the network consultant for each participating RMCHC site to expand its connection is projected at..., totaling...for this added capacity.

5.2.6 Maintenance

Accommodating version upgrades to the specialized software for TCNTM and MagicianTM requires network staff expertise. Selected RMCHC staff will serve as in-network resources following training on Encounter Form and report writing (for MagicianTM EMR) and upgrade applications (TCNTM).

5.2.7 Training

Staff will attend designated training on behalf of the network; or, RMCHC will arrange to bring a trainer on-site. Training development for RMCHC staff will cost...for one year.

As the DynamoTM financial management tool becomes available, a formal introduction of the software to the users in the business offices will occur through a coordinated training process. Anticipated costs for a professional training service total...(fees and expenses for the trainer).

APPENDIX A

RMCHC Membership

Clinic A 875 Green Road Portsmouth VA 12345 Tel: 703-433-4992 FAX: 703-433-6992	Harry Taft Executive Director
Clinic B 223 Central Street Franklin VA 23456 Tel: 703-934-0177 FAX: 703-934-2805	Rick Silver Executive Director
Clinic C 207 S. Main Street Newton VA 34567 Tel: 703-555-1234 FAX: 703-555-2345	Ann Johnson Executive Director
Clinic D 307 Elm Street Manchester VA 45678 Tel: 703-626-0798 FAX: 626-0899	Ed Chan CEO
Clinic E 268 Main Street Nashua VA 56789 Tel: 703-883-1626 FAX: 703-881-9914	Pat Green Interim Executive Director
Clinic F 82 Mustang Lane Bedford VA 56789 Tel: 703-669-6668 FAX: 703-669-4210	Pam Runner Executive Director
Clinic G 22 Market Street Rochester VA 34567 Tel: 703-332-2603 FAX: 703-332-4265	Chuck Black Executive Director

APPENDIX B

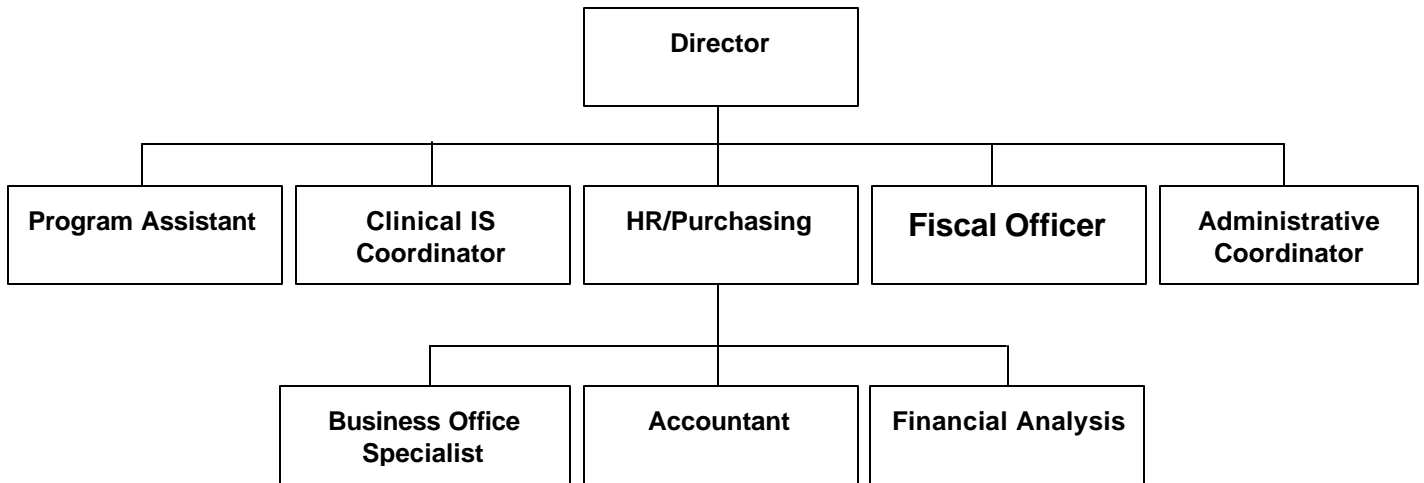
Current Services Provided By Network Members

Care Provided	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Clinic G
Pediatric Care							
Adult Care							
Perinatal Care							
Urgent Medical Care							
Diagnostic Lab							
Emergency Medical Care							
Immunizations							
Family Planning							
HIV Testing & Counseling							
Hospice							
Housing							
Food Bank							
WIC							
Transportation							
Translation							
EPSDT							
Mental Health Treatment/Counseling							
Health Education							
Home Health Services							
Parenting Education							
Outreach							
Clothes Closet							
Child Care							
Substance Abuse Treatment/Counseling							
Hearing Screening							
Nutrition Services							
Pharmacy							
EKG							
Coloscopy							
Diabetes Education							
Reproductive Health							
Preventative Dental							
Case Management							
Medicaid Eligibility/Outstationed							

"X" = YES "R" = By Referral

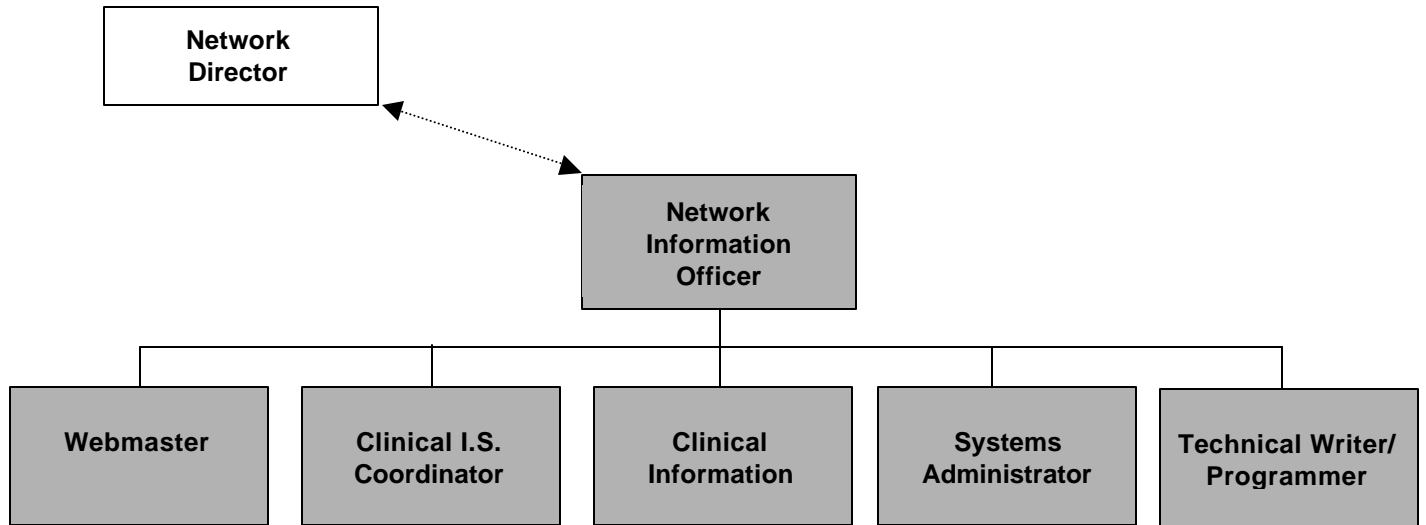
APPENDIX C

RMCHC Organizational Structure



APPENDIX D

RMCHC I.S./I.T. Resource Team



APPENDIX E

RMCHC Business Plan

The proposed information system infrastructure activities will be approached in a methodical, incremental manner. The strategy consists of a sequential implementation of essential hardware and software at RMCHC coupled with technical advice and assistance to the individual centers to address their infrastructure needs. Intense training, center by center, will be scheduled until all of the components for the electronic connectivity are in place and operational. The plan of activities and the associated time line for this endeavor follows below:

Goal #1: To complete the central information system implementation for RMCHC

Objective	Activity	Targeted Completion Date
Install a designated server system for access by all RMCHC members	Evaluate capacity of existing hardware and upgrade as indicated for anticipated use.	September 1999
Install a Wide Area Network (extranet) for RMCHC	<ul style="list-style-type: none">• Equip all RMCHC sites with the necessary hardware and software for system connectivity• Install communications lines to RMCHC central system from RMCHC participating members	October 1999 October 1999

APPENDIX E (Continued)

RMCHC Business Plan

Goal #2: To fully integrate RMCHC's core business functions through systems support

Objective	Activity	Targeted Completion Date
Install Magician EMR software in all RMCHC member sites	<ul style="list-style-type: none"> • Install version 5.1 Magician software • Purchase additional licenses for users • Execute a plan for the full use of all available modules of the EMR software • User Training on software features • Obtain and install the link for data transfer from Magician to TCN™ 	<p>October 1999</p> <p>Ongoing (pending VHA options) May 2000</p> <p>Begin October 1999</p> <p>May 2000</p>
Expand the use of TCN™ practice management software at all current user sites	<ul style="list-style-type: none"> • Training on managed care module • Pursue a formal consultation arrangement with PAHCA in R.I. for the reporting interface of TCN™ to the financial system • Develop the use of the performance reporting profile using TCN™ 	<p>October 1999</p> <p>Ongoing; January 2000</p>
Convert all sites to Dynamo financial management software	<ul style="list-style-type: none"> • Purchase the new release software • Install and test the software • Train staff on the new features and adopt relevant policy for financial oversight 	<p>Open - pending market release of the product. Anticipate within 6 months of product availability to RMCHC.</p>

APPENDIX E (Continued)

RMCHC Business Plan

Goal #3: To create an integrated data warehouse function for RMCHC

Objective	Activity	Targeted Completion Date
Implement WEB based communications system	<ul style="list-style-type: none">• Procure WEB page publishing tools• Train RMCHC staff on WEB site management• Initiate document posting and exchange features with member pass code access	August 1999 September 1999 December 1999
Create data repository for selected RMCHC member data	<ul style="list-style-type: none">Determine and define network wide data elements• Design, test and implement network program performance reports• Design, test and train for central data administration	September 1999 January 2000 May 2000

APPENDIX E (Concluded)

RMCHC Business Plan

Goal #4: To establish management standards for the integrated information system

Objective	Activity	Targeted Completion Date
Provide personnel resources to the project	<ul style="list-style-type: none">• Contract with external ISP providers for project support• Restructure staff organization to include designated information systems and information management expertise• Conduct training for:<ul style="list-style-type: none">- Basic computer skills- Magician EMR utility- Magician EMR tools development- Output reporting process and tools development- System support and maintenance WEB site maintenance	September 1999 Within 3 months of grant award January 2000
Adopt network policy relative to the common use of the system and the application of the content data.	<ul style="list-style-type: none">• Adopt a network wide policy set regarding:<ul style="list-style-type: none">- Patient confidentiality- Access to and release of center specific performance information	January 2000